## **BEST AVAILABLE COPY**

| -36  |  |   |                |                                |             |                  |  | Application or Docket Number |                        |            |                     |                        |  |  |
|--|--|---|----------------|--------------------------------|-------------|------------------|--|------------------------------|------------------------|------------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOI                               |  |   |                |                                |             |                  |  |                              |                        |            |                     |                        |  |  |
| Effective October 1, 2000  |  |   |                |                                |             |                  |  | 09750629                     |                        |            |                     |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                |                                |             |                  |  | SMALL ENTITY TYPE            |                        | OR         | OTHER<br>SMALL      |                        |  |  |
| TOTAL CLAIMS   |  |   | 20             |                                |             |                  | R  | ATE                          | FEE                    | 1          | RATE                | FEE                    |  |  |
| FOR  |  | NUMBER FILED                              |                | NUMBER EXTRA                   |             | BAS              | IC FEE                                     | 355.00                       | OR                     | BASIC FEE  | · 710.00            |                        |  |  |
| TOTAL CHARGEABLE CLAIMS  |  | 25 minus 20=                              |                | • 2                            |             | X                | X\$ 9=                                     |                              | OR                     | X\$18=     |                     |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | 2_minus 3 =    |                                | . 0         |                  | ×  | X40=                         |                        | OR         | X80=                |                        |  |  |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT         |                                |             |                  | +1   | +135=                        |                        | OR         | +270=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                |                                |             |                  |  | TAL                          |                        | OR         | TOTAL               | 7/0.ai                 |  |  |
| CLAIMS AS AMENDED - PART II  |  |   |                |                                |             |                  |  |                              | L                      | ,          | OTHER               |                        |  |  |
| 4-13-05 (Column 1)   |  |   |                | (Colu                          |             | (Column 3)       | SN   | SMALL ENT                    |                        | OR SMALLEN |                     |                        |  |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUMI<br>PREVIC<br>PAID |             | PRESENT<br>EXTRA | R  | ATE                          | ADDI-<br>TIONAL<br>FEE | /          | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | · 20                                      | Minus          | . a                            | 20          | = Q              | X  | 9=                           | (/                     | OR         | X\$18=              |                        |  |  |
|  | Independent • 2 Minus •••  |   |                | 2                              | = (//       | X                | 10=  | /                            | OR                     | X80#       |                     |                        |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                                |             |                  |  | 35=X                         | 1                      |            | +270=               |                        |  |  |
|  |  |   |                |                                |             |                  |  | TOTAL                        |                        | OR.        | - TOTAL             |                        |  |  |
|  |  |   |                |                                |             |                  |  | ADDIT, FEE OR ADDIT, FEE     |                        |            |                     |                        |  |  |
| _  | 70   | (Column.1).                               |                | (Colu                          |             | (Column 3)       | _  |                              | 400:                   | 1          | •                   |                        |  |  |
| AMENDMENT B  |  | PEMAINING AFTER AMENDMENT                 |                | NUM<br>PREVIO<br>PAID          | DUSLY       | PRESENT<br>EXTRA | R  | ATE                          | ADDI-<br>TIONAL<br>FEE |            | RATĘ                | ADDI-<br>TIONAL<br>FEE |  |  |
| Ž  | Total  | •   | Minus .        | ••                             |             | a                | X  | 9=                           |                        | OR         | X\$18=              | Σ.<br>4.               |  |  |
| AME  | Independent  | NTATION OF MI                             | Minus          | PENDENT                        | CL AIRA     | =                | X4   | 10=                          |                        | OR         | X80=                |                        |  |  |
| _  | /  |   | JETH EE DE     | CNDEN                          | CEAR        |                  | +1   | 35=                          |                        | OR         | +270=               |                        |  |  |
|  | TOTAL ADDIT. FEE   |   |                |                                |             |                  |  |                              |                        | OR         | TOTAL<br>ADDIT, FEE | •                      |  |  |
|  | •  | (Column 1)                                |                | (Colur                         | mn 2)       | (Column 3)       | AUUI                                       | . PEE                        |                        |            | ADDIT. FEE          |                        |  |  |
|  |  | CLAIMS                                    |                | RIGH                           | EST         |                  | _  |                              | ADDI-                  | 1          |                     | ADDI                   |  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVIO<br>PAID                 | DUSLY       | PRESENT<br>EXTRA | RA   | Œ                            | TIONAL<br>FEE          |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  |   | Minus          | **                             |             | =                | X\$  | 9=                           |                        | OR         | X\$18=              |                        |  |  |
| N.   | Independent  | *   | Minus          | ***                            |             | =                | X/   | 0=                           |                        | 00         | X80=                |                        |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                                |             |                  | <u>                                   </u> |                              |                        | OR         |                     |                        |  |  |
|  | M 4b 1 4   |   |                |                                | . MA !      | dima 2           |  | 35=                          |                        | OR         | +270=               |                        |  |  |
| *  | " If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.  " If the "Highest Number Pr viously Paid F r" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE |   |                |                                |             |                  |  |                              |                        |            |                     |                        |  |  |
|  | The "Highest Nun   | mber Previously Pa<br>nber Pr viously Pa  | d For (Total o | r Independ                     | ent) is the | e highest numbe  | r tound in                                 | the ap                       | propriate box          | in col     | umn 1.              |                        |  |  |